

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH DIVISION  
BUREAU OF HEALTH CARE QUALITY & COMPLIANCE  
**LICENSE APPLICATION**

☐ INITIAL LICENSE    ☐ CHANGE OF NAME: (OLD NAME): \_\_\_\_\_

☐ BED INCREASE    ☐ CHANGE OF ADMINISTRATOR    ☐ OTHER: \_\_\_\_\_

☐ CHANGE OF LOCATION: (OLD ADDRESS): \_\_\_\_\_

☐ CHANGE OF OWNERSHIP (indicate date of the change of ownership): \_\_\_\_\_  
(A change of ownership application must be filed immediately (NAC 449.0114(5)). Change of ownership applications must be complete no more than 45 days after the change occurs. (Initial Fees – refer to fee schedule)

THE ENTITY'S D.B.A. NAME \_\_\_\_\_  
(D.B.A. = Doing Business As)

STREET ADDRESS \_\_\_\_\_  
(Physical location of the entity's operation)

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

THE ENTITY'S MAILING ADDRESS \_\_\_\_\_  
(If different from above)

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER OF THE ENTITY (Applicant/Licensee – Name of Sole Proprietor, Limited Liability Company name or Corporation name) \_\_\_\_\_

If owner is a natural person, IS THE OWNER 21 YEARS OR OLDER? ☐ YES ☐ NO (NRS 449.040(1))

ADDRESS \_\_\_\_\_  
(If owner is a corporation, give corporate office address, otherwise indicate owner's address)

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

FOR ALL PARTNERSHIPS AND CORPORATIONS: LIST EACH PARTNER, OFFICER AND DIRECTOR AND PERSON HAVING A DIRECT OR INDIRECT OWNERSHIP INTEREST IN THE ENTITY OF 10% OR MORE: (Please add an additional page if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADMINISTRATOR/DIRECTOR \_\_\_\_\_

ADMINISTRATOR/PRIMARY CONTACT EMAIL ADDRESS: \_\_\_\_\_

STATUTORY TYPE \_\_\_\_\_  
(Select from attached list of statutory types)

NUMBER OF BEDS (If applicable) \_\_\_\_\_ (For Adult Day Care indicate the number of clients to be served)

**SERVICES TO BE PROVIDED** (Only Home Health Agencies must specify services below)

\_\_\_\_\_  
\_\_\_\_\_

**OWNER OF REAL PROPERTY (Landlord/Leasing Agency)** \_\_\_\_\_

**OWNER'S ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **COUNTY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

Nevada Revised Statute 449.210 requires licensure of medical facilities and facilities for the dependent. Nevada Administrative Code 449.013 and 449.016 **authorize non-refundable fees** (See Attached Fee Schedule). An **application is valid for one year after the date on which the application is submitted**. The application must be typed or filled out in ink. The application will not be considered complete until all required attachments are received. See the attached instruction sheet for the required attachments.  
Return your completed application to:

**DIVISION OF HEALTH, BUREAU OF HEALTH CARE QUALITY & COMPLIANCE.**

727 Fairview Drive  
Suite E  
Carson City, NV 89701  
775-684-1030

I HAVE READ THE FOREGOING QUESTIONS AND ANSWERED EACH AS INDICATED. THE ANSWERS ARE TRUE AND A COMPLETE REPRESENTATION TO THE BEST OF MY KNOWLEDGE. I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE RULES AND REGULATIONS PERTAINING TO THE SPECIFIC STATUTORY TYPE OF ENTITY FOR WHICH THIS LICENSURE APPLICATION IS HEREIN MADE. I AUTHORIZE RELEASE OF SUCH INFORMATION AS MAY PERTAIN TO THE PURPOSE OF THIS APPLICATION.

**SIGNATURE OF REPRESENTATIVE OR OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINTED NAME OF REPRESENTATIVE OR OWNER** \_\_\_\_\_

**TITLE OF PERSON SIGNING APPLICATION** \_\_\_\_\_

**SUBSCRIBED AND SWORN BEFORE ME THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_ **20** \_\_\_\_\_

**NOTARY PUBLIC SIGNATURE** \_\_\_\_\_ **IN AND FOR THE**

**COUNTY OF** \_\_\_\_\_, **STATE OF NEVADA.**

## **STATUTORY TYPES**

Nevada Revised Statutes require licensure for the following types of entities. Please select the type of entity you wish to obtain a license for, and fill in the required blank on the license application.

- ☐ FACILITY FOR THE CARE OF ADULTS DURING THE DAY (ADC)
- ☐ RESIDENTIAL FACILITY FOR GROUPS (Complete Attachment) (AGC,AGR, AGZ)
- ☐ BUSINESS THAT PROVIDES REFERRALS TO RESIDENTIAL FACILITIES FOR GROUPS (BPR)
- ☐ HOME FOR INDIVIDUAL RESIDENTIAL CARE (HIC)
- ☐ HOSPITAL (Select One or More of the Following) (HOS)
  - ☐ MEDICAL
  - ☐ SURGICAL
  - ☐ OBSTETRICAL
  - ☐ PSYCHIATRIC
  - ☐ GENERAL (Must offer services in medical, surgical and obstetric categories as a minimum)
- ☐ RURAL HOSPITAL (RUH)
- ☐ FACILITY FOR THE TREATMENT OF IRREVERSIBLE RENAL DISEASE (ESR)
- ☐ FACILITY FOR SKILLED NURSING (SNF)
- ☐ OBSTETRIC CENTER (OBC)
- ☐ FACILITY FOR HOSPICE CARE (HFS)
- ☐ HOSPICE CARE – PROGRAM OF CARE (HPC)
- ☐ FACILITY FOR INTERMEDIATE CARE (ICF)
- ☐ INTERMEDIATE CARE FOR MR OR PERSONS WITH DEVELOPMENTAL DISABILITIES (IMR)
- ☐ AGENCY TO PROVIDE NURSING IN THE HOME (HHA) (Home Office)
- ☐ AGENCY TO PROVIDE NURSING IN THE HOME (HBR) (Branch Office)
- ☐ AGENCY TO PROVIDE NURSING IN THE HOME (HSB) (Sub Unit)
- ☐ NURSING POOL (NSP)
- ☐ AGENCY TO PROVIDE PERSONAL CARE SERVICES IN THE HOME (PCA)
- ☐ COMMUNITY TRIAGE CENTER (CTC)
- ☐ FACILITY FOR THE TREATMENT OF ABUSE OF ALCOHOL OR DRUGS (ADA)
- ☐ FACILITY FOR MODIFIED MEDICAL DETOXIFICATION (MDX)
- ☐ HALFWAY HOUSE FOR RECOVERING ALCOHOL AND DRUG ABUSERS (HWH)
- ☐ FACILITY FOR TRANSITIONAL LIVING FOR RELEASED OFFENDERS (TLF)
- ☐ INDEPENDENT CENTER FOR EMERGENCY MEDICAL CARE (ICE)
- ☐ FACILITY FOR REFRACTIVE SURGERY (LSK)
- ☐ RURAL CLINIC (RHC)
- ☐ SURGICAL CENTER FOR AMBULATORY PATIENTS (ASC)
- ☐ MOBILE UNIT (MBU) (Mobile Units must also complete the Mobile Unit Application Attachment)

The following entities/programs are licensed pursuant to NRS 449.038:

- ☐ NARCOTIC TREATMENT CENTER (NTC)
- ☐ NARCOTIC TREATMENT CENTER (MED) (Medication Unit)
- ☐ OUTPATIENT FACILITY (OPF)

**BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE  
HEALTH MEDICAL FACILITIES FEE SCHEDULE**

<p>*If your facility will contain beds, multiply the number of proposed beds against the Per Bed Initial Fee found in Column B and then add the Initial Application Fee in Column A for the total due. For example, if you want a 15 bed facility for skilled nursing, your total would be  <math>15 \text{ beds} \times \\$108 = \\$1620 + \\$2252 = \\$3872</math>  **If your facility/agency does not contain beds, your Initial Application Fee can be found in Column A.</p>	A	B
Facility Type	Initial Application Fee (NAC 449.016(1))	Per Bed/Station Initial Fee
Facility for skilled nursing (NRS 449.449.0039)	\$2,252.00	\$108.00
Hospital (NRS 449.012)	\$14,606.00	\$110.00
Rural hospital (NRS 449.0177)	\$9,530.00	\$62.00
Facility for intermediate care - for persons with mental retardation (NRS 449.0038)	\$2,018.00	\$280.00
Facility for intermediate care (NRS 449.0038)	\$946.00	\$72.00
Residential Facility for Groups (NRS 449.017)	\$2,386.00	\$200.00
Residential Facility for Groups - for low income beds (NRS 449.017)	\$2,386.00	\$35.00
Facility for the treatment of abuse of alcohol or drugs (NRS 449.00455)	\$782.00	\$190.00
Facility for hospice care (NRS 449.0033)	\$3,988.00	\$352.00
Home for individual residential care (NRS 449.0105)	\$1,764.00	\$184.00
Facility for modified medical detoxification (NRS 449.00385)	\$9,960.00	\$494.00
Community triage center (NRS 449.0031)	\$782.00	\$136.00
Facility for the treatment of irreversible renal disease (NRS 449.0046)	\$4,178.00	\$120.00
Halfway house for recovering alcohol and drug abusers (NRS 449.008)	\$2,800.00	\$368.00
Facility for transitional living for released offenders (NRS 449.0055)	\$3,990.00	\$146.00
Surgical center for ambulatory patients (NRS 449.019)	\$9,784.00	
Agency to provide nursing in the home - home office or subunit agency (NRS 449.0015)	\$5,168.00	
Agency to provide nursing in the home - branch office (NRS 449.0015)	\$5,358.00	
Facility for the care of adults during the day (NRS 449.004)	\$0.00	
Rural clinic (NRS 449.0175)	\$4,058.00	
Obstetric center (NRS 449.0155)	\$1,564.00	
Hospice care -program (NRS 449.0115)	\$7,054.00	
Independent center for emergency medical care (NRS 449.013)	\$4,060.00	
Nursing pool (NRS 449.0153)	\$4,602.00	
Facility for treatment with narcotics (pursuant to NRS 449.038)	\$5,046.00	
Medication unit - of narcotic treatment center (pursuant to NRS 449.038)	\$1,200.00	

BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE  
HEALTH MEDICAL FACILITIES FEE SCHEDULE

Businesses that provide referrals to residential facilities for groups (NRS 449.0305)	\$2,708.00	
Facility for refractive surgery (NRS 449.00387)	\$6,700.00	
Mobile unit (NRS 449.01515)	\$2,090.00	
Agency to provide personal care services in the home (NRS 449.0021)	\$1,374.00	
Outpatient Facilities - permit for sedation/general anesthesia (NRS 449.442)	\$3,570.00	
Prisons (NAC 449.0169)		

## INSTRUCTIONS FOR LICENSE APPLICATION TO CHANGE AN EXISTING LICENSE

**ALL REQUIRED ATTACHMENTS MUST BE INCLUDED WITH THE APPLICATION IN ORDER  
FOR THE APPLICATION TO BE CONSIDERED COMPLETE.**

STATUS	FEE	ATTACHMENTS
<b>CHANGE OF ADMINISTRATOR</b>	\$250.00	<p>_____ Administrator's license (AGC, ICF, and SNF only)</p> <p>_____ Administrator's Resume</p> <p>_____ 3 Signed Letters of Reference</p> <p>_____ Appointment Letter from Governing Body/Owner with Effective Date</p> <p>_____ Evidence the Administrator is over 21 (PCA, HIC, HWH, TLF, ADC and ASC only)</p> <p>_____ Evidence of a High School Diploma or Equivalence (PCA, HIC and ADC only)</p> <p>_____ RN License or MD License, Healthcare Bachelor's Degree or 1 yr of Supervisory Experience in a Health Care Setting (NSP, HHA, &amp; ASC)</p>
<b>FACILITY CHANGE OF NAME</b>	\$250.00	<p>_____ Amended Articles of Incorporation or Organization (if applicable)</p> <p>_____ Amended Bylaws or Operating Agreement (if applicable)</p> <p>_____ Amended Certificate of Insurance</p> <p>_____ Amended Business License</p> <p>_____ Letter with effective date of change</p> <p>_____ Amended Lease Agreement</p> <p>_____ Fictitious Firm Name Form (if applicable)</p> <p>_____ Certificate of Compliance from the State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by HCQC)</p>
<p><b>CHANGE OF LOCATION</b></p> <p>All facility types must file an application in order to change locations per NRS 449.080(2)</p> <hr/> <p><b>Fee Exceptions: for HHA Branch or Subunit address change, or MBU staging location changes per NAC 449.0168</b></p> <hr/> <p><b>Fee Exceptions: for change of the suite only for HHA Parent, BPR, HPC, NSP and PCA per HCQC policy</b></p>	<p>INITIAL FEES APPLY REFER TO SCHEDULE</p> <hr/> <p>All Exceptions \$250</p>	<p>_____ Floor Plan with Dimensions</p> <p>_____ Amended Certificate of Insurance</p> <p>_____ Amended Business License</p> <p>_____ New Lease Agreement</p> <p>_____ Letter with effective date of change</p> <p>_____ Certificate of Compliance from the State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by HCQC)</p> <p>_____ 8 X 11 photograph of the facility/agency</p>

## INSTRUCTIONS FOR LICENSE APPLICATION TO CHANGE AN EXISTING LICENSE

**ALL REQUIRED ATTACHMENTS MUST BE INCLUDED WITH THE APPLICATION IN ORDER  
FOR THE APPLICATION TO BE CONSIDERED COMPLETE.**

STATUS	FEE	ATTACHMENTS
<b>BED INCREASE</b>	\$250.00 Plus Bed Fee (see schedule for bed fee)	<p>_____ Floor Plan with Dimensions of Affected Beds</p> <p>_____ Certificate of Compliance from the State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by HCQC)</p> <p>_____ Group Care Endorsement Form (AGC only)</p> <p>_____ Hospital Bed Count Form (HOS only)</p>
<b>BED DECREASE</b>	\$250.00	
<b>DIALYSIS STATION INCREASE</b>	\$250	<p>- The facility must apply, at least 30 days before the proposed date, submit an application, fee and a proposed station increase letter.</p> <p>_____ Provide letter of attestation that there are staff to accommodate the increase in stations.</p> <p>_____ Provide letter of attestation that the water treatment system is safe for the proposed increase in stations.</p>
<b>CHANGE OF OWNERSHIP</b>	INITIAL FEES APPLY REFER TO SCHEDULE	<p>- A change of ownership application must be filed immediately (NAC 449.0114(5)).</p> <p>- Change of ownership applications must be completed no more than 45 days after the change occurs.</p> <p>- Please refer to the specific facility checklist found on the Health Facilities "Forms" page for the documents that must accompany the application.</p> <p>- Renewal fees are still due regardless of a Change of Ownership application being submitted towards the end of the year.</p>
<b>ENDORSEMENT CHANGE FOR AGC ONLY</b>	\$250	<p>_____ Group Care Endorsement Form (AGC only)</p> <p>_____ Evidence of staff training pertinent to the endorsement type (mental illness, mental retardation or chronic illness)</p> <p>*** Please contact the licensing office for endorsements for Alzheimer's disease or Assisted Living</p>
<b>CATEGORY CHANGE FOR AGC ONLY</b>	\$250	<p>_____ Group Care Endorsement Form (AGC only)</p> <p>_____ Certificate of Compliance from the State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by HCQC)</p>

**When submitting your application packet, you MUST turn in all of the required documents on this checklist or your application will be considered incomplete and returned to you.**

# Residential Facility for Groups Application Attachment

Please select the category(ies) of residents for which your facility will provide services.

- ☐ **Category 1** residents as defined in NAC 449.1591
- ☐ **Category 2** residents as defined in NAC 449.1595

\* Category 2 facilities may admit both Category 1 and Category 2 residents, whereas Category 1 facilities must not admit Category 2 residents.

Indicate the number of beds for each category:

# of beds Category 1 \_\_\_\_\_

# of beds Category 2 \_\_\_\_\_

(\*Currently, the Nevada State Fire Marshal will only allow 5 Category 2 residents in a residential style home. This does not apply to a large facility with more than 10 beds. Please contact the State Fire Marshal's Office for further clarification at 775-684-7525.)

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Please select all endorsement types that apply to your facility. Facilities may obtain more than one type endorsement on their license provided there is evidence that the populations are compatible and caregivers have received the appropriate training.

☐ **Residential facility for persons with mental retardation** (Please refer to NAC 449.2762 for more information about this endorsement type)

☐ **Residential facility for persons with chronic illnesses** (Please refer to NAC 449.2766 for more information about this endorsement type)

☐ **Residential facility for persons with mental illnesses** (Please refer to NAC 449.2764 for more information about this endorsement type)

☐ **Residential facility which provides care to persons with Alzheimer's disease** (Please refer to NAC 449.2768 for more information about this endorsement type. If a small facility with 10 or fewer beds requests an Alzheimer's endorsement; Alzheimer's care is the only endorsement the facility can have on the license. In large facilities where the Alzheimer's population can be separated from other populations, the facility may request multiple endorsements. All beds licensed for Alzheimer's residents are Category 2)

☐ **Residential facility which provides Assisted Living Services** (Please refer to NAC 449.2751 and NRS 449.0303(7) and (8) for more information about this endorsement type)

If the facility is applying for more than one type endorsement and there is a physical separation between populations, indicate the number of beds for each type. (For example, 10 Alzheimer Category 2 residents and 25 Category I elderly or disabled residents with mental illnesses)

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# HOSPITAL BED COUNT SURVEY

MUST BE TYPED OR FILLED OUT LEGIBLY IN INK

BED TYPE	Number of Beds	Total Number of Beds
Medical/Surgical Beds (not including ICU beds)		
Swing Beds for Nursing Home Pts. (Include in Medical/Surgical Bed Count)		
Pediatrics Beds (not including ICU beds)		
Obstetrics Beds		
All L&D, LDR and LDRP Beds (Include in Obstetrics Bed Count)		
Level II Neonatal ICU Bassinets (Include in Obstetrics Bed Count)		
Level III Neonatal ICU Bassinets (Include in Obstetrics Bed Count)		
Intensive Care Unit Beds (ICU)		
Medical/Surgical ICU Beds (Include in ICU Bed Count)		
Cardiac ICU Beds (Include in ICU Bed Count)		
Pediatrics ICU Beds (Include in ICU Bed Count)		
Psychiatric Beds		
Rehabilitation Beds		
Skilled Nursing Beds (Distinct Part SNF Beds)		
Emergency Room Bays (Do Not Include with Bed Count)		
Other (Please Specify on Back)		

<b>Total:</b> ( Add Total Number of Beds Column Only)	
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Other License Designations	Total number of cases in last 12 months
Open Heart Surgeries	
Organ Transplant Surgeries	
Burn Unit	
Trauma Center	

Name of Hospital Reporting: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Print Your Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

# Mobile Unit Application Attachment

Please choose one of the following:

- ☐ This application is for a parent facility (an already licensed medical facility) to have a licensed mobile unit. Indicate current license # \_\_\_\_\_
- ☐ This application is for an independent facility (a mobile unit not associated with an otherwise licensed medical facility) to be licensed as a mobile unit. (if the application is for an independent facility, please check one the following medical facility types)

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Independent facilities please choose one of the following facilities types:

- ☐ A surgical center for ambulatory patients
- ☐ An obstetric center
- ☐ An independent center for emergency medical care
- ☐ An agency to provide nursing in the home (please check one of the following)
- ☐ A facility for intermediate care
- ☐ A facility for skilled nursing
- ☐ A facility for hospice care
- ☐ A psychiatric hospital
- ☐ A facility for the treatment of irreversible renal disease
- ☐ A rural clinic
- ☐ A nursing pool
- ☐ A facility for modified medical detoxification

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Attach a copy of the vehicle registration.

Indicate the name of the manufacturer of the mobile unit vehicle: \_\_\_\_\_

Indicate each of the proposed service sites for the mobile unit: (attach additional sheets if necessary)

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Indicate the services offered and procedures to be performed: (attach additional sheets if necessary)

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# Surgical Center for Ambulatory Patients

## Classification

**If your surgical center for ambulatory patients was licensed after August 5, 2004, please specify the ASC Classification you are requesting.**

- ☐ **CLASS A** – Provides for minor surgical procedures performed under topical and local infiltration blocks with or without oral and intramuscular preoperative sedation. Excluded are spinal, epidural axillary, stellate ganglion blocks, regional blocks (such as interscalene), supraclavicular, infraclavicular, and intravenous regional anesthesia. These methods are appropriate for Class B and Class C.

**CLASS A** operating rooms shall have a minimum clear area of 120 square feet (11.15 square meters) and a minimum clear dimension of 10 feet (3.5 meters).

- ☐ **CLASS B** – Provides for minor or major surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.

**CLASS B** operating rooms shall have a minimum clear area of 250 square feet (23.23 square meters) with a minimum clear dimension of 15 feet (4.57 meters).

- ☐ **CLASS C** – Provides for major surgical procedures that require general or regional block anesthesia and support of bodily functions.

**CLASS C** operating rooms shall have a minimum clear area of 400 square feet (37.16 square meters) and a minimum dimension of 18 feet (4.59) meters

- ☐ **CLASS E** – Those Ambulatory Surgical Centers licensed before August 5, 2004.

- ☐ **ENDOSCOPY ONLY** – Centers providing only **Endoscopy** procedures shall have procedure rooms with a minimum clear area of 200 square feet (15 square meters) exclusive of fixed cabinets and built in shelves.

**FOR INFORMATION REGARDING THE  
CENTRAL REPOSITORY FOR NEVADA  
RECORDS OF CRIMINAL HISTORY**

**PLEASE CONTACT:**

**State of Nevada  
Department of Public Safety  
Records and Identification Bureau  
333 W. Nye Lane  
Carson City, Nevada 89706  
Phone (775) 684-6262  
Fax (775) 684-6267**

## **FINGERPRINT AND CRIMINAL BACKGROUND CHECKS**

### **NRS 449.122-449.125 & 449.174**

By law it is required that all people involved in a facility, owners included, are required to submit background checks and fingerprints. We are now requesting that this information be submitted to the Bureau prior to the initial inspection of the facilities.

In order to get the process started you will need to follow the instructions outlined in the document, FINGERPRINT CARD INSTRUCTIONS, included in this packet. This is required by each applicant for a license to operate a facility for intermediate care, facility for skilled nursing, residential facility for groups, agency to provide personal care services in the home, home for individual care, residential services provided to children and medical facility or facility for the treatment of abuse of alcohol or drugs, in accordance with **NRS 449.122** prior to the initial facility inspection. This process will take 2 to 3 weeks to complete. Initial inspections will not be conducted until this process is completed.

In addition, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care, residential services provided to children and medical facility or facility for the treatment of abuse of alcohol or drugs, must contact the Department of Public Safety (DPS) in order to set up an account in order to be able to process background checks for employees or independent contractors in accordance with **NRS 449.123**. In order to do this please:

Visit the Department of Public Safety, Nevada Criminal Repository website at:

<http://www.nvrepository.state.nv.us>

Forms and instructions for opening a Civil Applicant Account for processing employee's backgrounds using **NRS 449.123** can be found using link:

<http://www.nvrepository.state.nv.us/fingerprints.shtml>

Choose either law enforcement sites or private sites for a listing.

Fees can be found using link:

<http://www.nvrepository.state.nv.us/fees.shtml>

For a sample of a Fingerprint card and how it is to be completed use link:

<http://nvrepository.state.nv.us/fingerprint/forms/CivilApplicantCard.pdf>

For account submission questions contact The Department of Public Safety's Fingerprint Support Unit at (775) 684-6262 and they will direct your call to the appropriate person to answer your account question.

BRIAN SANDOVAL  
Governor

MICHAEL J. WILLDEN  
Director



RICHARD WHITLEY, MS  
Administrator

TRACEY D. GREEN, MD  
State Health Officer

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**HEALTH DIVISION**  
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE

FINGERPRINT CARD INSTRUCTIONS

☒ Health Facilities/Lab Services  
727 Fairview Dr, Suite E  
Carson City, Nevada 89701  
(775) 684-1030  
Fax: (775) 684-1073

☐ Health Facilities/Lab Services  
4220 S. Maryland Parkway  
Suite 810, Building D  
Las Vegas, NV 89119  
(702) 486-6515  
Fax: (702) 486-6520

☐ Radiation Control  
4150 Technology Way  
Suite 300  
Carson City, Nevada 89706  
(775) 687-7550  
Fax: (775) 687-7552

☐ Radiation Control  
2080 E. Flamingo  
Suite 319  
Las Vegas, Nevada 89119  
(702) 486-5280  
Fax: (702) 486-5024

☐ Child Care Licensing  
727 Fairview Dr, Suite E  
Carson City, Nevada 89701  
(775) 684-4463  
Fax: (775) 684-4464

☐ Child Care Licensing  
4180 S. Pecos, Ste 150  
Las Vegas, Nevada 89121  
(702) 486-7918  
Fax: (702) 486-6660

☐ Child Care Licensing  
1010 Ruby Vista, Ste 101  
Elko, Nevada 89801  
(775) 753-1237  
Fax: (775) 753-1336

**Your background check should take place in the jurisdiction where you will be employed. The Bureau of Health Care Quality and Compliance requires a new background check every five years.**

The Nevada Department of Public Safety has recently notified The Bureau of Health Care Quality and Compliance that incomplete fingerprint cards will be returned without processing. In addition, the cards **cannot** be processed if they have been altered in any manner, including "highlighting."

**Two fingerprint cards and a \$37.50 money order for Electronic Submissions and Manual Submission made payable to Nevada Department of Public Safety must be submitted for all owners & corporate officers only under HCQC's account number. Administrators & all other employees will be fingerprinted under your facility account number, once you receive your license. Most law enforcement agencies have an additional fee to roll the fingerprints; you will need to contact them directly for additional fee information.**

One fingerprint card will be sent to the FBI for processing, which takes 8-12 weeks. The other card will remain at the Nevada Criminal History Repository where a Nevada background check is completed. The results of the Nevada check are received in 2-4 weeks.

A clearance memo will be sent to the facility upon completion of the background clearance process. **The clearance memo must be kept in your facility file as verification of background clearance status.**

You are responsible for returning the "Civil Applicant Waiver Form for Fingerprinting and Criminal History Review" to April Fisher (Health Care Quality and Compliance). This form allows us to receive investigation results for the facility that you are trying to be licensed for.

Please see the SAMPLE fingerprint card on the next page. **Do not fill in the SAMPLE. Enter information on your own two fingerprint cards as indicated for items 1-22. Complete all requested fields or the cards will be returned to you for completion, causing further delay.** All fingerprint cards must be typed or printed in black ink. The Nevada Department of Public Safety, Criminal History Repository, will not process fingerprint cards without the following information:

1. **NAME:** Print or type your name, last name first, in the space at the top center of the form.
2. **SIGNATURE OF PERSON FINGERPRINTED:** Your signature must be completed in the presence of the law enforcement agency.
3. **RESIDENCE OF PERSON FINGERPRINTED:** Print or type your street address and mailing address, if different, including the city, state, and zip code.
4. **DATE:** Do not fill in the date. The person taking your prints will date the card.
5. **SIGNATURE OF OFFICIAL TAKING FINGERPRINTS:** The person taking your prints will sign the card.
6. **EMPLOYER (FACILITY) AND ADDRESS**
7. **REASON FINGERPRINTED:** NRS 449.122 for Owner
8. **ALIASES (AKA)**
9. **CITIZENSHIP (CTZ):** Print or type the name of the country of which you are a citizen.
10. **YOUR FACILITY NAME- NO SPACING. (OCA):** Example (TheHomestead)
11. **FBI NO. (FBI):** Leave this space blank.
12. **ARMED FORCES NO. (MNU):** Leave this space blank.
13. **SOCIAL SECURITY NO. (SOC)**
14. **MISCELLANEOUS NO. (MNU):** 150828 (agency account number)
15. **SEX:** Enter 'M' for male or 'F' for female.
16. **RACE:** Enter 'A' (Asian); 'B' (Black); 'W' (White); 'I' (Indian); 'U' (Unknown).
17. **HGT:** Enter your height.
18. **WGT:** Enter your weight.
19. **EYES:** Enter your eye color.
20. **HAIR:** Enter your hair color.
21. **DATE OF BIRTH (DOB):** Enter the month, day and year of your birth.
22. **PLACE OF BIRTH (POB):** Enter the state or country where you were born (2 letter abbreviation).

<b><i>SAMPLE</i></b>  <b><i>APPLICANT CARD</i></b>		LEAVE BLANK		(1) TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAME</u> FIRST NAME MIDDLE NAME (1)								FBI LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED (2)		ALIASES <u>AKA</u> (8)		O NV0131700 R I								DATE OF BIRTH <u>DOB</u> MONTH DAY YEAR (21)	
RESIDENCE OF PERSON FINGERPRINTED (3)												PLACE OF BIRTH POB (22)	
DATE (4)	SIGNATURE OF OFFICIAL TAKING FP (5)		CITIZENSHIP <u>CTZ</u> (9)		SEX (15)	RACE (16)	HGT. (17)	WGT. (18)	EYES (19)	HAIR (20)			
EMPLOYER AND ADDRESS (6)		(10) OCA Example: TheHomestead		LEAVE BLANK  CLASS _____  REF. _____									
		FBI NO. <u>FBI</u> (11)											
		ARMED FORCES NO. <u>MNU</u> (12)											
		SOCIAL SECURITY NO. <u>SOC</u> (13)											
REASON FINGERPRINTED (7) 449.122		MISCELLANEOUS NO. <u>MN</u> (14) 150828											



## CIVIL APPLICANT WAIVER

### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) HCQC that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

**16.34 - Procedure to obtain change, correction or updating of identification records.**

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of requesting agency ) HCQC, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.



6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: \_\_\_\_\_  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submitting Agency: \_\_\_\_\_ HCQC

Address: \_\_\_\_\_ 727 FAIRVIEW DR STE E CARSON CITY NV 89701

Agency representative: \_\_\_\_\_ APRIL FISHER  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: \_\_\_\_\_ 

Date: \_\_\_\_\_ 11-28-12

Brian Sandoval  
Governor



Chris Perry  
Director

Records and Technology Division  
333 West Nye Lane, Suite 100  
Carson City, Nevada 89706  
Telephone (775) 684-6262 – Fax (775) 684-6265  
[www.nvrepository.state.nv.us](http://www.nvrepository.state.nv.us)

Patrick J. Conmay  
Division Chief

November 1, 2011

**NOTICE TO ALL LAW ENFORCEMENT AGENCIES, CIVIL APPLICANT ACCOUNT HOLDERS, APPROVED CHANNELERS, AND PRIVATE FINGERPRINTING SITES**

The Department of Public Safety, Records Bureau, recently received notice that *effective April 15, 2012 the Federal Bureau of Investigation will no longer accept paper fingerprint cards for criminal arrests and civil applicant submissions for employment and licensing purposes*. This deadline is firm; there are no exceptions or extensions.

The DPS Records Bureau is in the process of acquiring the capability to convert paper fingerprint cards to an electronic format for submission to the FBI. Your agency will not have to change its business practices or acquire fingerprinting equipment to take advantage of this new service. *We intend to have this capability in place by the April 15, 2012 deadline*. However, should unforeseen circumstances occur that delay us from meeting the deadline, your agency has the following options.

**Option 1: Seek Private Fingerprinting Sites with Electronic Capability**

This option would require your office/agency to locate private businesses or governmental agencies that have the capability to submit fingerprints electronically to the DPS Records Bureau and direct your applicants to those sites for fingerprinting. A list of agencies that have the ability to submit fingerprints electronically to the DPS Records Bureau can be found on our website at <http://www.nvrepository.state.nv.us/fingerprints.shtml>

**Option 2: Develop Electronic Submission Capability**

This option would require your office/agency to acquire a Livescan fingerprinting machine and work with the DPS Records and Technology Division and your Livescan vendor to connect to the DPS Network for electronic submission to the State and the FBI. This process takes several months of work between our office, your agency, and your Livescan vendor, and there is no guarantee that our office could accommodate your request by the April 15, 2012 deadline.

If you choose to go with Option 2, Developing Electronic Submission Capability, please contact Erica Souza, Fingerprint Examiner Supervisor, at (775) 684-6235 as soon as possible. If you have any other questions about this notice and how it may impact your agency, please contact Kimberly Graunke, Fingerprint Support Unit Supervisor, at (775) 684-6214 or Liza Paulino, Repository Services Manager, at (775) 684-6241.

cc: Chris Perry, Director  
Patrick Conmay, Division Chief  
Julie Butler, Records Bureau Chief  
Catherine Krause, Chief IT Manager  
Liza Paulino, Repository Services Manager  
Kimberly Graunke, Fingerprint Support Supervisor  
Erica Souza, Fingerprint Examiner Supervisor  
Melanie Young, Chief Fiscal Officer

## **Compliance with NRS 449.122 to 449.174**

All applicants for the following facility types: Facility for Intermediate Care, Facility for Skilled Nursing, Residential Facility for Groups, Homes for Individual Residential Care, Residential Services Provided to Children, Medical Facility or Facility for the Treatment of Abuse of Alcohol or Drugs, Personal Care Agency; must complete and return the following statement of compliance to the Bureau of Health Care Quality and Compliance with initial licensure application. When filing an application for an account with the central repository for Nevada records of criminal history, indicate NRS 449.122 on the applicable NRS line. **Agency to Provide Nursing in the Home are the only facility type that are required to get their employees background checked by setting up an account with the Central Repository after they receive their license from the Bureau.**

**NRS 449.122** 1. Each applicant for a license to operate a facility for intermediate care, facility for skilled nursing, residential facility for groups, agency to provide personal care services in the home or home for individual residential care or, if residential services are provided to children, a medical facility or facility for the treatment of abuse of alcohol or drugs shall submit to the Central Repository for Nevada Records of Criminal History two complete sets of fingerprints for submission to the Federal Bureau of Investigation for its report

**NRS 449.123** 1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care or, if residential services are provided to children, a medical facility or a facility for the treatment of abuse of alcohol or drugs shall:

- (a) Obtain a written statement from the employee or independent contractor stating whether he or she has been convicted of any crime listed in NRS 449.174;
  - (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a);
  - (c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and
  - (d) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph 3.
3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care or, if residential services are provided to children, a medical facility or a facility for the treatment of abuse of alcohol or drugs shall ensure that the information concerning the background and personal history of each employee or independent contractor who works at the agency or facility
- (a) Is completed as soon as practicable, and if residential services are provided to children, before the employee or independent contractor provides any care or services to a child in the agency, facility or home without supervision; and
  - (b) At least once every 5 years thereafter.
  - (c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History.

**NRS 449.124** 1. Each agency to provide personal care services in the home, agency to provide nursing in the home, facility for intermediate care, facility for skilled nursing, residential facility for groups and home for individual residential care and, if residential services are provided to children, a medical facility and facility for the treatment of abuse of alcohol or drugs shall maintain records of the information concerning its employees and independent contractors collected pursuant to NRS 449.123, including, without limitation:

- (a) A copy of the fingerprints that were submitted to the Central Repository for Nevada Records of Criminal History and a copy of the written authorization that was provided by the employee;
- (b) Proof that the fingerprints of the employee were submitted to the Central Repository; and
- (c) Any other documentation of the information collected pursuant to NRS 449.123.

2. The records maintained pursuant to subsection 1 must be:

- (a) Maintained for the period of the employee's employment with the agency, facility or home; and
- (b) Made available for inspection by the Health Division at any reasonable time, and copies thereof must be furnished to the Health Division upon request.

**NRS 449.125** 1. Upon receiving information from the Central Repository for Nevada Records of Criminal History pursuant to NRS 449.123, or evidence from any other source, that an employee or independent contractor of an agency to

provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or home for individual residential care or, if residential services are provided to children, a medical facility or facility for the treatment of abuse of alcohol or drugs has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.174, the administrator of, or the person licensed to operate, the agency, facility or home shall terminate the employment or contract of that person after allowing him or her time to correct the information as required pursuant to subsection 2.

2. If an employee or independent contractor believes that the information provided by the Central Repository is incorrect, the employee or independent contractor may immediately inform the agency, facility or home. An agency, facility or home that is so informed shall give the employee or independent contractor a reasonable amount of time of not less than 30 days to correct the information received from the Central Repository before terminating the employment or contract of the person pursuant to subsection 1.

**NRS 449.174** 1. In addition to the grounds listed in NRS 449.160, the Health Division may deny a license to operate a facility for intermediate care, facility for skilled nursing, residential facility for groups or home for individual residential care to an applicant or may suspend or revoke the license of a licensee to operate such a facility or home if:

(a) The applicant or licensee has been convicted of:

(1) Murder, voluntary manslaughter or mayhem;

(2) Assault with intent to kill or to commit sexual assault or mayhem;

(3) Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure, or any other sexually related crime that is punished as a felony;

(4) Prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding 7 years;

(5) A crime involving domestic violence that is punished as a felony

(6) A crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding 7 years

(7) Abuse or neglect of a child or contributory delinquency;

(8) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the immediately preceding 7 years;

2. In addition to the grounds listed in NRS 449.160, the Health Division may deny a license to operate an agency to provide personal care services in the home or an agency to provide nursing in the home to an applicant or may suspend or revoke the license of a licensee to operate such an agency if the licensee has, in violation of NRS 449.125, continued to employ a person who has been convicted of a crime listed in paragraph (a) of subsection 1.

The Citation above are not complete, but are abbreviated representations of the requirements. Please review statutes in their entirety at your earliest convenience.

Under penalty of perjury I declare that my facility will maintain compliance with the requirements contained in Nevada Revised Statutes (NRS) 449.122 to 449.174.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Facility Address

## **CRIMINAL HISTORY STATEMENT**

**Statements 1-14 below refer to any criminal conviction which may be either a felony or misdemeanor.**

1. I have never been convicted of murder, voluntary manslaughter, or mayhem.
2. I have never been convicted of assault with intent to kill or to commit sexual assault or mayhem.
3. I have never been convicted of sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure or any other sexually related crime that is punished as a felony (including felony prostitution).
4. I have never been convicted of prostitution, solicitation, lewdness, or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding 7 years.
5. I have never been convicted of a crime involving domestic violence that is punished as a felony.
6. I have never been convicted of a crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding 7 years.
7. I have never been convicted of abuse or neglect of a child or contributory delinquency.
8. Within the past seven years, I have not been convicted of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS within the immediately preceding 7 years.
9. I have never been convicted of abuse, neglect, exploitation or isolation of older persons or vulnerable persons, or any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other state or other jurisdiction that prohibits the same or similar conduct.
10. Within the past seven years, I have not been convicted of any provision of law relating to the State Plan for Medicaid or a law of any other state or other jurisdiction that prohibits the same or similar conduct.
11. I have never been convicted of a violation of any provision of NRS 422.450 to 422.590, inclusive, statutory provisions relating to Nevada's State Plan for Medicaid.
12. Within the past seven years, I have not been convicted of a criminal offense under the laws governing Medicaid or Medicare.
13. Within the past seven years, I have not been convicted of any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property.
14. Within the past seven years, I have not been convicted of any felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon or of an attempt or conspiracy to commit any of the offenses listed in this paragraph, within the immediately preceding 7 years.

I affirm that the statements 1-14 above are true and correct, I authorize the submission of my fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its background check report.

---

Signature

---

Date

---

PRINT NAME

Nevada Revised Statutes 449.122 through 449.174 require that applicants complete this type of statement to be employed at a Facility for Intermediate Care, Facility for Skilled Nursing, Residential Facility for Groups, Homes for Individual Residential Care, Residential Services Provided to Children, Medical Facility or Facility for the Treatment of Abuse of Alcohol or Drugs, Personal Care Agency and Agency to Provide Nursing in the Home. These statutes are available online at <http://leg.state.nv.us/NRS/NRS-449.html> .

## SURETY BOND REQUIREMENTS

Nevada law requires a surety bond to operate an Intermediate Care Facility, Skilled Nursing Facility, Residential Facility for Groups, a Home Health Agency that serves elderly patients, an Agency to Provide Personal Care Services in the Home or Homes for Individual Residential Care. (NRS 449.065, NRS 449.067).

### **A surety bond must be filed with the Health Division:**

- If the facility or agency employs less than 7 employees, in the amount of \$5,000;
- If the facility or agency employs at least 7 but not more than 25 employees, in the amount of \$25,000; or
- If the facility or agency employs more than 25 employees, in the amount of \$50,000;

The bond must be payable to the **Department of Health and Human Services, Aging and Disability Services Division**.

A surety on any bond may be released after the surety gives **30 days** written notice to the Administrator of the Health Division.

The bond paperwork from your insurance or bonding company must be mailed or delivered to the Bureau of Health Care Quality and Compliance. A copy of your bond should be retained at your facility. Please contact the Bureau of Health Care Quality and Compliance Las Vegas Office for more information.

Attention: Surety Bond Coordinator  
Bureau of Health Care Quality and Compliance  
4220 South Maryland Parkway  
Suite 810, Building D  
Las Vegas NV 89119  
(702) 486-6515

### Skilled Nursing Facilities

Federal law [42 CFR 483.10(c)(7)] requires that the facilities purchase a surety bond, or otherwise assure the security of all personal funds of residents deposited with the facility. The surety bond filed with BHCQC is limited to residents 60 years of age and older and would not guarantee coverage for all residents.



## **FACILITIES FOR REFRACTIVE LASER SURGERY SURETY BOND REQUIREMENTS**

Nevada law requires a surety bond to operate a Facility for Refractive Laser Surgery. The original of the surety bond for your facility must be on file at the Nevada State Health Division. A copy of the bond should be retained at your facility.

### **YOU WILL RECEIVE ADDITIONAL INFORMATION REGARDING THE PROCESS FOR FILING YOUR SURETY BOND WITH THE ADMINISTRATOR OF THE HEALTH DIVISION AFTER RECEIPT OF YOUR APPLICATION**

#### **NRS 449.068 Surety bond required for initial license and renewal of license to operate facility for refractive laser surgery.**

1. Except as otherwise provided in NRS 449.069, each facility for refractive laser surgery shall, when applying for a license or renewing a license, file with the administrator of the health division a surety bond:
    - (a) If the facility employs less than 7 employees, in the amount of \$10,000;
    - (b) If the facility employs at least 7 but not more than 25 employees, in the amount of \$50,000; or
    - (c) If the facility employs more than 25 employees, in the amount of \$100,000.
  2. A bond filed pursuant to this section must be executed by the facility as principal and by a surety company as surety. The bond must be payable to the health division and must be conditioned to provide indemnification to a patient of the facility who the administrator of the health division or his designee determines has sustained any damages as a result of the bankruptcy of or any breach of contract by the facility.
  3. Except when a surety is released, the surety bond must cover the period of the initial license to operate or the period of the renewal, as appropriate.
  4. A surety on any bond filed pursuant to this section may be released after the surety gives 30 days' written notice to the administrator of the health division, but the release does not discharge or otherwise affect any claim filed by a patient for any damages sustained as a result of the bankruptcy of or any breach of contract by the facility while the bond was in effect.
  5. The license of a facility for refractive laser surgery is suspended by operation of law when the facility is no longer covered by a surety bond as required by this section or by a substitute for the surety bond pursuant to NRS 449.069. The administrator of the health division shall give the facility at least 20 days' written notice before the release of the surety or the substitute for the surety, to the effect that the license will be suspended by operation of law until another surety bond is filed or substitute for the surety bond is deposited in the same manner and amount as the bond or substitute being terminated.
- (Added to NRS by 2001, 1340)

#### **NRS 449.069 Substitute for surety bond required for initial license and renewal of license to operate facility for refractive laser surgery.**

1. As a substitute for the surety bond required pursuant to NRS 449.068, a facility for refractive laser surgery may deposit with any bank or trust company authorized to do business in this state, upon approval of the administrator of the health division:
    - (a) An obligation of a bank, savings and loan association, thrift company or credit union licensed to do business in this state;
    - (b) Bills, bonds, notes, debentures or other obligations of the United States or any agency or instrumentality thereof, or guaranteed by the United States; or
    - (c) Any obligation of this state or any city, county, town, township, school district or other instrumentality of this state, or guaranteed by this state, in an aggregate amount, based upon principal amount or market value, whichever is lower.
  2. The obligations of a bank, savings and loan association, thrift company or credit union must be held to secure the same obligation as would the surety bond required by NRS 449.068. With the approval of the administrator of the health division, the facility may substitute other suitable obligations for those deposited, which must be assigned to the health division and are negotiable only upon approval of the administrator of the health division.
  3. Any interest or dividends earned on the deposit accrue to the account of the facility.
  4. The deposit must be an amount at least equal to the surety bond required by NRS 449.068 and must state that the amount may not be withdrawn except by the direct and sole order of the administrator of the health division.
- (Added to NRS by 2001, 1340)

**SURETY BOND FOR  
HEALTH CARE FACILITIES AND SERVICES**

Bond No. \_\_\_\_\_

We, \_\_\_\_\_, of \_\_\_\_\_, City of \_\_\_\_\_, State of \_\_\_\_\_, as principal, and \_\_\_\_\_, a corporation organized and existing under the laws of the State of \_\_\_\_\_, with a place of business at \_\_\_\_\_, City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, and licensed to transact a surety business in the State of Nevada, as surety, are indebted to the State of Nevada, Department of Health and Human Services Division for Aging & Disability Services in the penal sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_), for which payment principal and surety bind ourselves and our legal representatives and successors, jointly and severally.

The conditions of this obligation are that the principal has applied for licensure pursuant to Chapter 449 of the Nevada Revised Statutes (NRS) to operate a facility of intermediate care, facility for skilled nursing, residential facility for groups, home for individual residential care, agency to provide personal care services in home and agency to provide nursing in home and is required by said statute to furnish a bond on the terms and conditions set forth in such statute.

If principal and all of principal's agents and employees complies with the provisions of said statute, together with all amendatory and supplementary acts, now and hereafter enacted, and if principal applies all funds received, and performs all obligations and undertakings made pursuant to the provisions of said statute in the conduct of a facility for intermediate care, facility for skilled nursing, residential facility for groups, home for individual residential care, agency to provide personal care services in home and agency to provide nursing in home by principal and by principal's agents and employees, then this obligation shall be null and void; otherwise it shall be in full force and effect.

This bond is intended to comply with the requirements of statute, and, in accordance with the provisions and requirements of statute, it is expressly provided that:

1. In accordance with the complaint procedure provided in NRS 427A.175, claim on this bond shall be made by a Specialist for the Rights of Elderly Persons upon determination by the Specialist that principal is liable for damages to a patient.
2. The total aggregate liability of surety shall be limited to the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)
3. Surety may cancel this bond and be relieved of further liability by giving 30 days' written notice to the Administrator of the Health Division, but such cancellation shall not affect any liability incurred or accrued prior to the termination of the notice period.

In witness whereof the signature of the said Principal and the corporate seal and the name of the said Surety is hereto affixed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. This surety obligation shall become effective on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_,  
(Principal) \_\_\_\_\_, Surety

By: \_\_\_\_\_

By: \_\_\_\_\_  
Attorney-in-Fact

Nevada Resident Agent Countersignature:

By: \_\_\_\_\_  
Agency Name \_\_\_\_\_  
Address \_\_\_\_\_

Physical Address of Covered Facility or Agency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ADMINISTRATOR LICENSING REQUIREMENTS

**NRS 449.0355 Supervision of residential facility for groups.** A residential facility for groups must not be operated except under the supervision of an administrator of a residential facility for groups licensed pursuant to the provisions of chapter 654 of NRS.

**NRS 449.035 Supervision of facility for skilled nursing or facility for intermediate care.**

1. Except as otherwise provided in subsection 2, a facility for skilled nursing or facility for intermediate care licensed pursuant to the provisions of NRS 449.001 to 449.240, inclusive, may not be operated except under the supervision of a nursing facility administrator who is at the facility and licensed under the provisions of chapter 654 of NRS.

2. The provisions of subsection 1 do not apply to a facility for intermediate care which limits its care and treatment to those persons who are mentally retarded or who have conditions related to mental retardation.

**NRS 654.015 "Administrator of a residential facility for groups" defined.** "Administrator of a residential facility for groups" means a person who manages, supervises and is in general administrative charge of a residential facility for groups.

**NRS 654.028 "Nursing facility administrator" defined.** "Nursing facility administrator" means a person who manages, supervises and is in general administrative charge of a facility for skilled nursing or facility for intermediate care.

**NRS 654.150 Qualifications of applicant for licensure as nursing facility administrator.** [Effective on the date of the repeal of the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.] Each applicant for licensure as a nursing facility administrator pursuant to this chapter must:

1. Be of good moral character and physically and emotionally capable of administering a facility for skilled nursing or facility for intermediate care.

2. Have satisfactorily completed a course of instruction and training prescribed or approved by the board, including the study of:

(a) The needs which are to be properly served by a facility for skilled nursing or facility for intermediate care;

(b) The laws governing the operation of a facility and the protection of the patients' interests; and

(c) The elements of good administration of a facility.

In lieu of the specific requirements of this subsection, the applicant may present other evidence satisfactory to the board of sufficient education, training or experience by which he would be qualified to administer, supervise and manage a facility.

3. Pass an examination conducted and prescribed by the board pursuant to the provisions of this chapter.

4. Submit with his application:

(a) A complete set of his fingerprints and written permission authorizing the board to forward the fingerprints to the Federal Bureau of Investigation for its report; and

(b) A fee to cover the actual cost of obtaining the report from the Federal Bureau of Investigation.

5. Meet such other standards and qualifications as the board may from time to time establish.

(Added to NRS by 1969, 670; A 1973, 1288; 1975, 1297; A 1977, 1030; 1985, 1771; 1993, 2143; 1997, 2182, effective on the date of the repeal of the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings)

**NRS 654.155 Qualifications of applicant for licensure as administrator of residential facility for groups.** [Effective on the date of the repeal of the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.] Each applicant for licensure as an administrator of a residential facility for groups pursuant to this chapter must:

1. Be at least 21 years of age;

2. Be a citizen of the United States or lawfully entitled to remain and work in the United States;

3. Be of good moral character and physically and emotionally capable of administering a residential facility for groups;

4. Have satisfactorily completed a course of instruction and training prescribed or approved by the board or be qualified by reason of his education, training or experience to administer, supervise and manage a residential facility for groups;

5. Pass an examination conducted and prescribed by the board;

6. Submit with his application:

(a) A complete set of his fingerprints and written permission authorizing the board to forward the fingerprints to the Federal Bureau of Investigation for its report; and

(b) A fee to cover the actual cost of obtaining the report from the Federal Bureau of Investigation; and

7. Comply with such other standards and qualifications as the board prescribes.

(Added to NRS by 1993, 2139; 1997, 2183, effective on the date of the repeal of the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings)

**NRS 654.200 Penalty for acting without license.** Any person who acts in the capacity of a nursing facility administrator or an administrator of a residential facility for groups without a license issued pursuant to the provisions of this chapter is guilty of a misdemeanor.

**CALL THE BOARD OF EXAMINERS FOR LONG TERM CARE  
ADMINISTRATORS FOR MORE INFORMATION  
(702) 486-5445**

## **NOTICE TO HEALTH FACILITIES LICENSURE APPLICANTS**

Plans for construction or remodeling **must** be submitted to the following agencies in addition to submission to the Bureau of Care Quality and Compliance:

### **Food and Drink Establishment Permit**

Nevada State Health Division  
Bureau of Health Care Quality and Compliance  
4220 South Maryland Parkway, Suite 810, Building D  
Las Vegas, Nevada 89119  
702-486-6515

Nevada State Health Division  
Bureau of Health Care Quality and Compliance  
727 Fairview Drive Suite E  
Carson City, Nevada 89701  
775-684-1030

### **For review of fire and life safety code requirements**

Nevada State Fire Marshall – (Anywhere in Nevada)  
107 Jacobsen Way  
Carson City, Nevada 89711  
775-684-7500

In order to obtain a Certificate of Compliance from the State Fire Marshal (SFM), the facility must first submit an application with the Bureau of Health Care Quality and Compliance (HCQC). The HCQC will then generate a request to the SFM for inspection. Once the inspection is complete, the facility will need to submit the certificate fee to the SFM.

**In addition you need to contact your local building authority for construction requirements, approvals and permits.**

**For questions regarding American with Disabilities Act requirements contact:**

Governor's Committee of Employment of People with Disabilities  
Department of Business and Industry – (Southern Nevada)  
2501 E. Sahara Avenue Suite 104  
Las Vegas, Nevada 89104  
702-486-4504

Governor's Committee of Employment of People with Disabilities  
Department of Business and Industry – (Northern Nevada)  
4600 Kietzke Lane #F 154  
Reno, Nevada 89502  
775-688-1111

## Who is subject to Plan Review?

Not all types of facility types are subject to plan review:

### ***If you represent any of these types of facilities:***

- Facility for the Care of Adults during the Day
- Residential Facility for Groups with more than ten beds
- Hospital, any type including General, Psychiatric, Rehabilitation, or Critical Access
- Facility for Skilled Nursing
- Obstetric Center
- Facility for Intermediate Care
- Facility for the Treatment of Abuse of Alcohol or Drugs
- Independent Center for Emergency Medical Care
- Surgical Center for Ambulatory Patients
- Facility for Modified Medical Detoxification
- Mobile Unit

### ***And you are an applicant who is:***

- Applying for a new facility,
- Considered new due to a change of ownership in an existing facility, or
- Making changes to an existing licensed facility

### ***And you are planning any of the following activities:***

- To build a new facility
- To remodel your facility
- To make an addition to your facility
- To change the use of all or part of your existing facility
- To change from a Category I to a Category II Residential Facility for Group (group care)
- To install an automatic fire sprinkler system
- To install a system to pipe in medical gasses

### ***Then you are subject to Plan Review***

Follow the instructions in this packet to complete the application and provide supplemental information to appropriate agencies.

***If none of the conditions listed above apply to you, then you are not subject to Plan Review.***

#### **Contacts:**

##### **Northern Nevada:**

Robert Cain  
Health Facilities Surveyor II  
Bureau of Health Care Quality & Compliance  
727 Fairview Drive Suite E  
Carson City, NV. 89701  
(775) 684-1056

##### **Southern Nevada:**

Steve Gerleman  
Health Facilities Surveyor III  
Bureau of Health Care Quality & Compliance  
4220 S. Maryland Pkwy. Ste. 810 Bldg. D  
Las Vegas, NV. 89119  
(702) 486-6515 ext: 224

## **KITCHEN PERMIT REQUIREMENTS**

Kitchen permits are required for all facilities that have 11 residents or more.

### **Contacts**

Northern Nevada Facilities: Vincent Valiente  
Environmental Health Specialist I  
Bureau of Health Care Quality & Compliance  
727 Fairview Drive, Suite E  
Carson City, NV. 89701  
(775) 684-1061  
[vvaliente@health.nv.gov](mailto:vvaliente@health.nv.gov)

Southern Nevada Facilities: Susan O'Malley  
Environmental Health Specialist III  
Bureau of Health Care Quality & Compliance  
4220 S. Maryland Pkwy. Ste. 810 Bldg. D  
Las Vegas, NV. 89119  
(702) 486-6515  
[somalley@health.nv.gov](mailto:somalley@health.nv.gov)

► Plan Review of Food Establishments within Health Facilities go to: [http://www.health.nv.gov/HCQC\\_Forms.htm](http://www.health.nv.gov/HCQC_Forms.htm)

## LABORATORY TESTING ATTESTATION

Will the facility be performing laboratory testing (such as fingerstick glucose, PT/INR or dips stick urine)?

☐ Yes: If yes, the CLIA (Clinical Laboratory Improvement Amendments) application must be completed and returned to the Bureau for processing and a CLIA number will be assigned.

Already have a CLIA? 29D \_\_\_\_\_

Already have a state laboratory license? \_\_\_\_\_

☐ No testing will be performed.

---

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
\_\_\_\_\_

***Under penalty of perjury, I attest that the above information is correct.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

[www.cms.gov/clia](http://www.cms.gov/clia)

CLIA regulations, How to apply for a CLIA certificate form CMS-116, CLIA waived tests, etc.

For further questions or concerns, please contact:

Vickie J. Estes, M.T. (ASCP)  
727 Fairview Dr. Ste. E  
Carson City, NV. 89701  
(775) 684-1060  
vestes@health.nv.gov

Jane Edwards, M.T. (ASCP)  
4220 S. Maryland Pkwy. Ste. 810 Bldg D  
Las Vegas, NV. 89119  
(702) 486-6515  
jmedwards@health.nv.gov

## **Sample Financial Status Statement**

I am financially stable and have the funds available to operate a business as a {the specific type of facility that you are applying for}.

Signed,

{printed name of owner of facility and title}



**BRIAN SANDOVAL**  
Governor

**MICHAEL J. WILLDEN**  
Director



**RICHARD WHITLEY, MS**  
Administrator

**TRACEY D. GREEN, MD**  
State Health Officer

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**HEALTH DIVISION**  
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE

**RENEWAL NOTICE ATTESTATION**

☐ Health Facilities/Lab Services  
727 Fairview Dr, Suite E  
Carson City, Nevada 89701  
(775) 684-1030  
Fax: (775) 684-1073

☒ Health Facilities/Lab Services  
4220 S. Maryland Parkway  
Suite 810, Building D  
Las Vegas, NV 89119  
(702) 486-6515  
Fax: (702) 486-6520

☐ Radiation Control  
675 Fairview Dr, Suite 218  
Carson City, Nevada 89701  
(775) 687-7550  
Fax: (775) 687-7552

☐ Radiation Control  
2080 E. Flamingo  
Suite 319  
Las Vegas, Nevada 89119  
(702) 486-5280  
Fax: (702) 486-5024

☐ Child Care Licensing  
727 Fairview Dr, Suite E  
Carson City, Nevada 89701  
(775) 684-4463  
Fax: (775) 684-4464

☐ Child Care Licensing  
4180 S. Pecos, Ste 150  
Las Vegas, Nevada 89121  
(702) 486-7918  
Fax: (702) 486-6660

☐ Child Care Licensing  
1010 Ruby Vista, Ste 101  
Elko, Nevada 89801  
(775) 753-1237  
Fax: (775) 753-1336

**Attention New Provider:**

The statement below is an attestation stating that you were informed that all licenses expire at the end of each calendar year, no matter when the license was printed and issued. All facilities receive a renewal notice the beginning of October and are required to pay a renewal fee on or before November 15th. Please sign the attestation below and return to our office within 10 working days.

Even though the Bureau might issue my facility a license toward the end of the year, I have been informed by Bureau staff that I am still expected to pay a renewal fee by November 15 of the current calendar year. If I pay after November 15<sup>th</sup> of current year, I will incur a late fee calculated at 1.5 times the renewal fee.

\_\_\_\_\_  
*Facility Name*

\_\_\_\_\_  
*Administrator or Representative of Facility*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date*

\* This is required for Personal Care Agencies, Homes for Individual Residential Care and Adult Day Care Centers for Directors / Administrators with foreign Diplomas. Your Diploma must be analyzed by one of these evaluation services to determine if it meets the minimum standards of a US High School Diploma.



The National Association of Credential Evaluation Services®

## **NACES MEMBERS** (as at January 1, 2011)

**Contact NACES:** [info@naces.org](mailto:info@naces.org) **Website:** [www.naces.org](http://www.naces.org)

**Please be sure to visit the website regularly to check the updated status of NACES members**

● Chair

▲ Charter Members

■ Membership Chair

**1. Academic Evaluation Services, Inc.**

11700 N 58th Street G & H  
Tampa, FL, 33617  
Phone: (813) 374-2020  
Fax: (813) 374-2023  
email: [info@aes-edu.org](mailto:info@aes-edu.org)  
<http://www.aes-edu.org> (Member since May 2008)

**2. A2Z Evaluations, LLC**

216 F Street, #29  
Davis, CA 95616  
Phone: 530-400-9266  
email: [info@A2Zeval.com](mailto:info@A2Zeval.com)  
<http://www.A2Zeval.com> (Member since May 2009)

**3. ▲ Center for Applied Research, Evaluations, & Education, Inc.**

P.O. Box 18358  
Anaheim, CA 92817  
Phone: (714) 237-9272  
Fax: (714) 237-9279  
email: [eval\\_caree@yahoo.com](mailto:eval_caree@yahoo.com)  
<http://www.iescaree.com> (Member since March 1987)

**4. ▲ Education International, Inc.**

29 Denton Road  
Wellesley, MA 02482  
Phone: (781) 235-7425  
Fax: (781) 235-6831 email: [edint@gis.net](mailto:edint@gis.net)  
<http://www.educationinternational.org>  
(Member since March 1987)

**5. ▲ Educational Credential Evaluators, Inc.**

P.O. Box 514070  
Milwaukee, WI 53203-3470  
Phone: (414) 289-3400  
Fax: (414) 289-3411  
email: [eval@ece.org](mailto:eval@ece.org)  
<http://www.ece.org> (Member since March 1987)

**6. Educational Perspectives, nfp.**

P.O. Box 618056  
Chicago, IL 60661-8056  
Phone: (312) 421-9300  
Fax: (312) 421-9353  
email: [info@edperspective.org](mailto:info@edperspective.org)  
<http://www.edperspective.org> (Member since April 2003)

**7. Educational Records Evaluation Service, Inc.**

601 University Avenue, Suite 127  
Sacramento, CA 95825  
Phone: (916) 921-0790  
Fax: (916) 921-0793  
email: [edu@eres.com](mailto:edu@eres.com)  
<http://www.eres.com> (Member since April 1993)

**8. e-ValReports**

10924 Mukilteo Speedway, #290  
Mukilteo, WA 98275  
Phone: (425) 349-5199  
Fax: (425) 349-3420  
email: [brad@e-valreports.com](mailto:brad@e-valreports.com)  
<http://www.e-valreports.com> (Member since May 2007)

**9. ■ Evaluation Service, Inc.**

333 W. North Avenue, #284  
Chicago, IL 60610  
Phone: (847) 477-8569  
Fax: (312) 587-3068  
email: [info@evaluation-service.net](mailto:info@evaluation-service.net)  
<http://www.evaluation-service.net>  
(Member since June 1991)

**10. ▲ Foreign Academic Credential Service, Inc.**

P.O. Box 400  
Glen Carbon, IL 62034  
Phone: (618) 656-5291  
Fax: (618) 656-5292  
<http://www.facsusa.com> (Member since March 1987)

11. **Foreign Educational Document Service**  
P.O. Box 4091  
Stockton, CA 95204  
Phone: (209) 948-6589  
<http://www.documentsservice.org>  
(Member since April 1994)
12. **▲ Foundation for International Services, Inc.**  
14926 - 35th Avenue West  
Suite 210  
Lynnwood, Washington 98087  
Phone: (425) 248-2255  
Fax: (425) 248-2262  
email: [info@fis-web.com](mailto:info@fis-web.com)  
<http://www.fis-web.com> (Member since March 1987)
13. **Global Credential Evaluators, Inc.**  
P.O. Box 9203  
College Station, TX 77842-9203  
Phone: (512) 528-0908  
Fax: (512) 528-9293  
email: [gce@gceus.com](mailto:gce@gceus.com)  
<http://www.gceus.com> or  
<http://www.gcevaluators.com>  
(Member since March 2004)
14. **Global Services Associates, Inc.**  
2554 Lincoln Boulevard, # 445  
Marina del Rey, CA 90291  
Phone: (310) 828-5709  
Fax: (310) 828-5709  
email: [info@globaleval.org](mailto:info@globaleval.org)  
<http://www.globaleval.org> (Member since May 2000)
15. **International Academic Credential Evaluators, Inc.**  
P.O. Box 2465  
Denton, Tx 76202-2465  
Phone: (940) 383-7498  
Fax: (940) 382-4874  
email: [staff@iacei.net](mailto:staff@iacei.net)  
<http://www.iacei.net> (Member since May 2006)
16. **▲ International Consultants of Delaware**  
3600 Market Street, Suite 450  
Philadelphia, PA 19104  
Phone: (215) 387-6950 Ext.603  
Fax: (215) 349-0026  
email: [icd@icdeval.com](mailto:icd@icdeval.com)  
<http://icdeval.com> (Member since March 1987)
17. **● ▲ International Education Research Foundation, Inc.**  
P.O. Box 3665  
Culver City, CA 90231-3665  
Phone: (310) 258-9451  
Fax: (310) 342-7086  
email: [information@ierf.org](mailto:information@ierf.org)  
<http://www.ierf.org> (Member since March 1987)
18. **Josef Silny & Associates, Inc.**  
**International Education Consultants**  
7101 S.W. 102 Avenue  
Miami, FL 33173  
Phone: (305) 273-1616  
Fax: (305) 273-1338  
Fax: (305) 273-1984 (Translations)  
email: [info@jsilny.com](mailto:info@jsilny.com)  
<http://www.jsilny.com> (Member since April 1991)
19. **SpanTran Educational Services, Inc.**  
7211 Regency Square Blvd., Suite 205  
Houston, TX 77036-3197  
Phone: (713) 266-8805  
Fax: (713) 789-6022  
email: [info@spantran-edu.org](mailto:info@spantran-edu.org)  
<http://www.spantran-edu.org>  
(Member since April 1996)
20. **▲ World Education Services, Inc.**  
P.O. Box 5087  
Bowling Green Station  
New York, NY 10274-5087  
Phone: (212) 966-6311  
Fax: (212) 739-6100  
email: [www.wes.org/contact](http://www.wes.org/contact)  
<http://www.wes.org> (Member since March 1987)